Rureau	of.	Health	Care	Quality	ጲ	Compliance

11/9/09 POCIOTED HESTERIN

PRINTED: 10/09/2009 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

> C **09/22/2009**

NVS666HOS

STREET ADDRESS, CITY, STATE, ZIP CODE

A. BUILDING

B. WING\_

U M C OF SOUTHERN NEVADA

NAME OF PROVIDER OR SUPPLIER

1800 WEST CHARLESTON BLVD LAS VEGAS, NV 89102

	LAS VEG	AS, NV 891	02	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
\$ 000	Initial Comments	S 000		
	This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 09/22/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.			
	Complaint #NV00022585 was substantiated with deficiencies cited. (See Tags S0526 and S0527)			
	A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.		D-	
	Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.		RECEIVEL	
	The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.		AND CETHICENSURE CARSON CITY, NEVADA	
	The following deficiencies were identified:			
S 526 SS=A	NAC 449.379 Medical Records  8. All medical records must document the	S 526	Action Taken: Individual Physician was counseled by the Director of Medical Records on 10/21/09 regarding no final diagnosis on the expiration	
	following information, as appropriate: (h) The final diagnosis of the patient. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure a patient's discharge summary		summary and reported to Medical Staff Office. Physician, when questioned, stated that he did not know the cause of death. Autopsy was requested and refused by patient's family. Autopsy results are posted in the medical record when an autopsy is performed by the	
1 4 4 5 1 2 4 4 5	are sited on consoled offer of correction solet be setured wit	L		1

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

f Executive (

(X6) DATE

Bureau	of Health Care Quali	ty & Compliance				FORIVI F	APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MULT A. BUILDII B. WING		(X3) DATE SL COMPLE	TED
NAME OF F	PROVIDER OR SUPPLIER	11100001100	STREET AD	DRESS CITY	STATE, ZIP CODE	09/22	2/2009
	F SOUTHERN NEVAD	)A	1800 WES		STON BLVD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHIP CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S 526	included the final di the patient. (Patient	agnosis and cause o	of death of	S 526	S-526 (continued) UMC Pathologist. Medical Staff R Regulations do require final diagno of discharge summary. Appropria Staff Department Chief involved in process and trending.	osis as part te Medical	
S 527 SS=A	9. The medical recompleted not later which he is discharged. This Regulation is a Based on interview, review the facility farecord of a patient a summary within 30 (Patient #1)	ord of a patient must than 30 days after th	d by: ocument medical arge	S 527	Action Taken: Physicians with records incomplete are suspended, according to policy, involved in this complaint was suspethe time of review. UMC was actin policy, and delinquency rate well be allowed by The Joint Commission S (<50%) – on the date of review (9/2 delinquency rate was 11%.  Plan of Corrective Action: Physicians with records incomplete are suspended, according to policy involved in this complaint was suspethe time of review. Medical Staff R Regulations stipulate that all record completed within 30 days of discharphysicians with records incomplete are suspended, according to policy.  Monitoring Process: As stated in S-526, 10% of discharpmonitored for completion for three processing the sample collected for mofinal diagnosis on the discharge surficed for surfinal diagnosis on the discharge surfinal discharge surfinal diagnosis on the discharge surfinal diagnosis on the discharge surfinal diagnosis on the discharge surfinal discharge surfinal discharge surfinal diagnosis on the discharge surfinal disc	Physician ended at g within low that standards 2/09), UMC at 30 days Physician ended at ules & s be rge. at 30 days at 30 days at 30 days ges will be nonths fairg.	En
deficiencia		50 537			Responsible Person(s): Director Medical Records Medical Staff Leadership  Date Completed: December 31, 2009	U OIL LICENSURA	9

09/22/2009

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

NVS666HOS

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NAME OF PROVIDER OR SUPPLIER U M C OF SOUTHERN NEVADA STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WEST CHARLESTON BLVD

0 141 0	LAS V	EGAS, NV 891	102	
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	Continued From page 1 included the final diagnosis and cause of death the patient. (Patient #1) Severity: 1 Scope: 1 NAC 449.379 Medical Records 9. The medical record of a patient must be completed not later than 30 days after the date	S 527	S-526 (Continued) Plan of Corrective Action: New physician documentation requirement educational materials have been developed and will be distributed to all nursing areas to have placed in each medical record, outlining components of reports that are required and timelines involved at the 10-26-09 Nurse Director's	
	which he is discharged.  This Regulation is not met as evidenced by: Based on interview, record review and documer review the facility failed to complete the medical record of a patient and include the discharge summary within 30 days of the patient's death.  (Patient #1)  Severity: 1 Scope: 1	nt		
			RECEIVED  WAREAU OF LICENSURE CARSON CITY, NEVADA	

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09/22/2009

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING

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STREET ADDRESS, CITY, STATE, ZIP CODE

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S 526	included the final diagnosis and cause of the patient. (Patient #1)  Severity: 1 Scope: 1	death of	S 526	S-526 (Continued) meeting. This material will also be posted in the Medical Staff dining room, and in the Physician's chart room in the Health Information Department.  Monitoring Process: Physician involved will have 100% review of his discharge and		
S 527 SS=A	9. The medical record of a patient must be completed not later than 30 days after the which he is discharged.  This Regulation is not met as evidenced Based on interview, record review and do review the facility failed to complete the macrod of a patient and include the dischasummary within 30 days of the patient's d (Patient #1)  Severity: 1 Scope: 1	by: by: cument nedical rgė	S 527	AND CERTIFICATION OF MENADO	ED	
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STATE FORM

Bureau of Health Care Quality & Compliance

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S 526	included the final diagnosis and cause of deathe patient. (Patient #1)  Severity: 1 Scope: 1	S 526 ath of	S-526 (Continued) expiration summaries for a 3-month period (Oct-Dec 09) to assure compliance with providing final diagnosis. A random sample of 10% of all other discharge/expiration summaries will be reviewed for compliance. Non-compliant physicians will be reported to Medical Staff Leadership. Collection process	
S 527 SS=A	NAC 449.379 Medical Records  9. The medical record of a patient must be completed not later than 30 days after the da which he is discharged.	S 527	Process	
	This Regulation is not met as evidenced by: Based on interview, record review and docun review the facility failed to complete the medi record of a patient and include the discharge summary within 30 days of the patient's death (Patient #1)	cal		
	Severity: 1 Scope: 1		3	
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			AND CERTIFICAT	SURE DN DA

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FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED A. BUILDING С B. WING **NVS666HOS** 09/22/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WEST CHARLESTON BLVD U M C OF SOUTHERN NEVADA LAS VEGAS, NV 89102

0 111 0 0	LAS V	/EGAS, NV 891	02	
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S 526	Continued From page 1 included the final diagnosis and cause of death the patient. (Patient #1) Severity: 1 Scope: 1		will be 10% of the daily discharges selection for review will be using every 5 <sup>th</sup> name until 10% of discharges are identified.  Responsible Person / Title: Director Medical Records  Completion Date: December 31, 2009	
S 527 SS=A	9. The medical record of a patient must be completed not later than 30 days after the date which he is discharged.  This Regulation is not met as evidenced by: Based on interview, record review and docume review the facility failed to complete the medical record of a patient and include the discharge summary within 30 days of the patient's death. (Patient #1)	ent	December 31, 2009	
	Severity: 1 Scope: 1		SUREAU OF LICENSURE AND CERTIFICATION AND CITY, NEVADA	

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